DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY'S DOCKET NO. TS7568 (US) JDA/KLM:KNL

As a below named inventor, I hereby declare that:

inventor (if only one name is larger which is claimed and for	ess, and citizenship are as stated be listed below) or an original, first an or which a patent is sought on the in ess the following box is checked:		
Cl. d.m	as United States Application	Number or PCT International Appl	lication
was filed on	and was amended on	(if applicable).	
I hereby state that I have rev amended by any amendment re	riewed and understand the contents eferred to above.	s of the above-identified specifica	tion, including the claims, as
	lose information which is material to		
inventor's certificate, or § 365	ty benefits under 35 U.S.C. § 119 (a) of any PCT International applicalso identified below by checking the on having a filing date before that of	ation which designated at least one needs, any foreign application for	patent or inventor's certificate,
PRIOR FOREIGN APPLICAT	ION(S)		
APPLICATION NUMBER	COUNTRY	DAY/MONTH/YEAR FIL 04 November 1	
99308801.2	EPC	DAY/MONTH/YEAR FIL	
APPLICATION NUMBER	COUNTRY	DAY/MONTH/TEAR FIL	
			. 11 1
I hereby claim the benefit und	er 35 U.S.C. § 119(e) of any United	States provisional application(s) lis	ted below.
APPLICATION SERIAL NO.		FILING D	DATE
:		FILING D	NATE
APPLICATION SERIAL NO.		FILING	OATE
L			name i linearine
I hereby claim the benefit und	ler 35 U.S.C. § 120 of any United St	ates application(s) or § 365(c) of an	y PCT International application
المسائلات با الباد فا أما	less information which is material if	maightainite as uctified in 37 of 19	3 1.00
L-tures the filing date of the	prior application and the national or		
APPLICATION SERIAL NO.	FILING DATE	STATUS-PA	TENTED, PENDING, ABANDONED
ATTEICATION SEIGNE NO.			PENERD PENENC ADANDONED
APPLICATION SERIAL NO.	FILING DATE	STATUS-PA	TENTED, PENDING, ABANDONED
I hereby appoint the following	ng attorney(s) and/or agent(s) to pros	secute this application and to transa	act all business in the Patent and
Trademark Office connected	therewith:	REGISTRATION NUMBER	TELEPHONE NUMBER
NAME	ATTORNEY/AGENT	27,577	(713) 241-2698
Kimbley L. Muller	Attorney ATTORNEY/AGENT	REGISTRATION NUMBER	TELEPHONE NUMBER
NAME	ATTORNET/AGENT	27,603	(713) 241-3716
Dean F. Vance	Attorney	— · • • • • • • • • • • • • • • • • • •	Revised
June 1005			

SEND CORRESPONDENCE TO:

(NAME) Kimbley L. Muller c/o Shell Oil Company **Intellectual Property** P.O. Box 2463 Houston, TX 77252-2463





DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY'S DOCKET NO. TS-7568 (US) JDA/KLM:KNL

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR (given name, family name)	
David Roy KENDALL	DATE CICNED
INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITIZENSHIP
Pool Lane, Ince, Chester, Cheshire CH1 3SH, United Kingdom	British
POST OFFICE ADDRESS	
Pool Lane, Ince, Chester, Cheshire CH1 3SH, United Kingdom	
1 ooi Lane, thee, enester, enesting our our, carried	
FULL NAME OF SECOND JOINT INVENTOR, IF ANY (given name, family name)	İ
SECOND INVENTOR'S SIGNATURE .	DATE SIGNED
	CITIZENSHIP
POST OFFICE ADDRESS	
FULL NAME OF THIRD JOINT INVENTOR, IF ANY (given name, family name)	
FIGE NAME OF THIRD JOHN INVENTOR, IF MAY (SIVER MAINS, MAINS)	
#	DATE SIGNED
THIRD INVENTOR'S SIGNATURE	DATE SIGNED
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	
1031 OTTICE ADDICES	
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY (given name, family name)	
FOURTH INVENTOR'S SIGNATURE	DATE SIGNED
TOOKITI IIV ENTOR'S SIGNATURE	
	CITIZENSHIP
RESIDENCE	orrest to the
POST OFFICE ADDRESS	
Complete to the state of the st	
FULL NAME OF FIFTH I JOINT INVENTOR, IF ANY (given name, family name)	
FIRTH INDICATORS CICAL TURE	DATE SIGNED
FIFTH INVENTOR'S SIGNATURE	
	CITIZENCIUS
RESIDENCE	CITIZENSHIP
POST OFFICE ADDRESS	